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PETITION FOR EXTENSION OF TIME UNDER		Docket Number (C				
FY 2005	CytRx/009 DIV 2					
(Fees pursuant to the Consolidated Appropriations A		Filed	July 10, 2002			
Application Number 10/618,1		Filed	July 10, 2003			
METHOD OF ENHANCING CELLULAR PR For HYDROXYLAMINE DERIVATIVES USEFU THE PREPARATION THEREOF	JL FOR ENHANCING	THE CHAPERON	PRODUCTION AND			
Art Unit 1614		Examiner	Shirley Gembeh			
This is a request under the provisions of 37 CFR 1 identified application. The requested extension and fee are as follows (continuous).						
	Fee	Small Entity Fee	e			
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$			
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$			
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$			
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$			
x Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ 1,080.00			
x Applicant claims small entity status. See 3	7 CFR 1.27.					
A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
x The Director has already been authorized to charge fees in this application to a Deposit Account.						
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945 . I have enclosed a duplicate copy of this sheet.						
I am the applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CF	R 3.73(b) is enclosed.	(Form PTO/SB/96	5).			
x attorney or agent of record.	Registration Number	55,661				
attorney or agent under 37	CFR 1.34.	•				
Registration number if acting	<u>g under 37</u> CFR 1.34		•			
With as		Februa	ary 21, 2007			
Signature			Date			

02/26/2007 AWONDAF1 00000119 181945 10618162

(212) 596-9479

Telephone Number

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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV930025218US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more

forms are submitted.

Dated: February 21, 2007

Total of

than one signature is required, see below.

Signature: _

Erika Takeuchi Typed or printed name

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/618,162 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** FEE TRANSMITTAL July 10, 2003 Filing Date Laszlo Vigh First Named Inventor For FY 2005 Shirley Gembeh **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 1614 Art Unit CytRx/009 DIV 2 TOTAL AMOUNT OF PAYMENT 1,080.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Check Fish & Neave IP Group, Ropes & Gray LLP X Deposit Account Deposit Account Number: 06-1075 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee x Charge fee(s) indicated below Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity** Small Entity Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 80 200 100 300 150 160 Plant 250 300 Reissue 300 150 500 600 Provisional 200 100 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Multiple Dependent Claims** Fee Paid (\$) Total Claims Extra Claims Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Indep. Claims HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Fee (\$) Extra Sheets Number of each additional 50 or fraction thereof Total Sheets (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2255 Extension for response within fifth month 1,080.00 SUBMITTED BY Registration No. (Attorney/Agent) (212) 596-9479 Signature 55,661 Telephone Date February 21, 2007 Erika Takeuchi Name (Print/Type)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service Express Mail, Airbill No. EV930025218US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents	
P.O. Box 1450, Alexandria, VA 22313-1450. Dated: February 21, 2007 Signature: Oliver Globy (Linda Blake)	
Dated: February 21, 2007 Signature: Will Slube (Linda Blake)	